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PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/606,208
Filing Date	06-26-2003
First Named Inventor	Bart Gaskins
Art Unit	
Examiner Name	
Attorney Docket Number	105916.162US1
Total Number of Pages in This Submission	3

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Schedule A
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker & McKenzie		
Signature	<i>W. Jackson Matney, Jr.</i>		
Printed name	W. Jackson Matney, Jr.		
Date	8-31-05	Reg. No.	39,292

## CERTIFICATE OF TRANSMISSION/MAILING

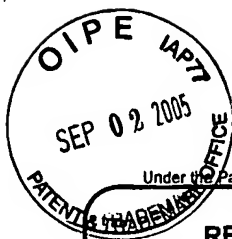
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Signature	<i>Karen L. Hudson</i>		
Typed or printed name	Karen L. Hudson	Date	8-31-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number
Filing Date
First Named Inventor
Art Unit
Examiner Name
Attorney Docket Number

All applications and patents listed  
on attached Schedule A.

I hereby revoke all previous powers of attorney given in the patents/patent applications listed on attached Schedules A & B.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

51738

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
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OR

☐ Firm or  
Individual Name

Address

City

State

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

on behalf of: LifeNet

Name

Lloyd Wolfenbarger, Jr.

Title: Chief Scientific Officer

Date

8/25/05

Telephone

800-847-7831

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

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**SCHEDULE A**

<b>Hale &amp; Dorr</b>	<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Title</b>
105916.166US2	10/855,797	05-28-2004	Continuous acidification demineralization process for producing osteoinductive bone; and osteoinductive bone produced thereby
105916.167US1	10/732,799	12-11-2003	Apparatus for demineralizing osteoinductive bone
105916.165US2	10/855,771	05-28-2004	Method for debriding bone and bone debrided thereby
105916.131US2	10/835,529	04-30-2004	In vitro growth of tissues suitable to the formation of bone and bone forming tissue formed thereby
105916.162US1	10/606,208	06-26-2003	Device and process for producing fiber products and fiber products produced thereby
Unknown	10/953,881	09/30/2004	Composite bone graft, method of making and using same

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